

# ATTACHMENT 1

## Medicaid-Covered Narcotic Treatment Services

When submitting claims to Wisconsin Medicaid for providing narcotic treatment services, providers are required to indicate the appropriate procedure code and modifiers on the 837 Health Care Claim: Professional transaction or the CMS 1500 paper claim form.

The following reimbursement rates are in effect as of January 1, 2004. Wisconsin Medicaid-certified providers are reimbursed for services provided to recipients at the lower of their usual and customary charge or the Medicaid reimbursement rate.

Procedure Code and Description	Program Modifier <sup>1</sup>	Phase Modifier <sup>2</sup>	Service Modifier	Limitations	Allowable Performing Providers	Rate	Copay
<b>H0020</b> Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>U1</b> = Methadone administration (dosing)	One dosing per day, up to six per calendar week. Includes supplies/equipment related to dosing. Daily dosing limited to two years.	Registered nurse Licensed practical nurse	\$12.07	N/A
<b>H0020</b> Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>U2</b> = Methadone dosage determination by physician	One per day, up to six units per calendar year. <sup>4</sup>	Physician	\$31.68	N/A
			<b>AM</b> <sup>3</sup> = Physician, team member service		Physician assistant	\$28.51	N/A
<b>H0020</b> Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>U3</b> = Narcotic treatment service (NTS) physical examination by physician	One NTS physical per calendar year, up to one hour (1 unit = 1 hour).	Physician	\$89.74	N/A
			<b>U4</b> = Narcotic treatment service physical examination by registered nurse or physician assistant		Registered nurse Physician assistant	\$80.76	N/A

Procedure Code and Description	Program Modifier <sup>1</sup>	Phase Modifier <sup>2</sup>	Service Modifier	Limitations	Allowable Performing Providers	Rate	Copay
<b>H0001</b> Alcohol and/or drug assessment	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>U5</b> = Narcotic treatment service initial assessment utilizing an instrument such as the addiction screening instrument (ASI)	One NTS initial assessment per recipient, up to two hours. May be billed on only one date of service (DOS) (1 unit = 1 hour).	Ph.D. psychologist	\$65.00	\$1.00
					Certified Alcohol and Other Drug Abuse (AODA) counselor with Master's and 3,000 hours of psychotherapy	\$55.00	
					Certified AODA counselor	\$31.96	
					Registered AODA counselor	\$22.51	
<b>H0001</b> Alcohol and/or drug assessment	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>U6</b> = Narcotic treatment service annual reassessment utilizing an instrument such as the ASI	One NTS reassessment per calendar year, up to one hour. May be billed on only one DOS (1 unit = 1 hour).	Ph.D. psychologist	\$65.00	\$1.00
					Certified AODA counselor with Master's and 3,000 hours of psychotherapy	\$55.00	
					Certified AODA counselor	\$31.96	
					Registered AODA counselor	\$22.51	
<b>H0003</b> <sup>5</sup> Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>59</b> = Distinct procedural service (ONLY use modifier "59" to indicate a screen for five to eight drugs for assessment purposes. Only one use of modifier "59" allowed per calendar year. No modifier is required when testing for the presence of four or less drugs.)	Quantity up to 39 separate DOS per calendar year and up to four drugs screened per DOS, as indicated in the treatment plan, plus one DOS per calendar year at which up to eight drugs may be screened. <sup>3</sup>	Licensed practical nurse Registered nurse	\$19.03 per drug screened	\$1.00

Procedure Code and Description	Program Modifier <sup>1</sup>	Phase Modifier <sup>2</sup>	Service Modifier	Limitations	Allowable Performing Providers	Rate	Copay
<b>86580</b> Skin test; tuberculosis, intradermal	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	No service modifier needed. Tuberculosis skin test (TST) for negative TST reactors.	One unit per calendar year.	Licensed practical nurse Registered nurse	\$9.20	\$0.50
<b>99001</b> Handling and/or conveyance of specimen for transfer from the patient in other than a physician's office to a laboratory	<b>HG</b>	<b>UA</b> = Phase 1 <b>UB</b> = Phase 2 <b>UC</b> = Phase 3 <b>UD</b> = Phase 4	<b>U7</b> = Specimen handling for viral hepatitis screen	One unit per calendar year for viral hepatitis screen.	Licensed practical nurse Registered nurse	\$3.74	N/A
			<b>U8</b> = Specimen handling for sexually transmitted disease (STD) screen	One unit per calendar year for STD screen.			
			<b>U9</b> = Specimen handling for peak and trough	Up to four units per calendar year for peak and trough.			

<sup>1</sup> Always required. "HG" = Opioid addiction treatment program.

<sup>2</sup> A phase represents a patient's level of dosing frequency, as defined in HFS 75.15, Wis. Admin. Code, that is determined by the NTS provider. A phase modifier is always required; only one phase modifier can be billed per DOS. Different phase modifiers cannot be billed for the same DOS.

<sup>3</sup> Indicate modifier "AM" when methadone dosage determination is done by a physician assistant.

<sup>4</sup> If limitations are exceeded, submit additional documentation with the claim, including the current treatment plan and recent urinalysis, justifying medical necessity for exceeding limitations.

<sup>5</sup> The Clinical Laboratory Improvement Amendment (CLIA) requires **all** laboratories and providers performing tests for health assessment or for the diagnosis, prevention, or treatment of disease or health impairment to comply with specific federal quality standards. Wisconsin Medicaid complies with the following federal regulations as initially published and subsequently updated:

- Public Health Service CLIA.
- 42 CFR Part 493, Laboratory Requirements.